



**NOTICE OF INTENT (NOI) FOR DIVISION OF AIR POLLUTION CONTROL
 GENERAL PERMIT - DRY CLEANER SOURCES**

SITE INFORMATION			
Organization's legal name		For APC use only	APC Company point number
			APC Log/Permit number
Site name (if different from legal name)		County name	
Site address (St./Rd./Hwy.)		City or distance to nearest town	Zip code
DCERP Facility ID number		Secretary of State ID number	
CONTACT INFORMATION (RESPONSIBLE PERSON)			
Responsible person/Authorized contact		Phone number with area code	
Mailing address (St./Rd./Hwy.)		Fax number with area code	
City	State	Zip code	Email address
CONTACT INFORMATION (TECHNICAL)			
Principal technical contact		Phone number with area code	
Mailing address (St./Rd./Hwy.)		Fax number with area code	
City	State	Zip code	Email address
TYPE OF NOTIFICATION OF COVERAGE (NOC) REQUESTED			
<input type="checkbox"/> New Construction Permit	<input type="checkbox"/> Renewal of Existing Permit/NOC	<input type="checkbox"/> Modification (specify in comments)	
Construction Starting Date:	APC Facility ID number:	Modification Start Date:	
Construction Completion Date:	Last Permit or Notification of Coverage number:	Modification Completion Date:	
Describe changes and/or modifications that have been made or are planned to be made to this equipment or operation since the last permit application:			
FACILITY SPECIFICATIONS			
Is this facility located in a building with a residence? Yes <input type="checkbox"/> No <input type="checkbox"/>			
SOLVENT (Check cleaning agent used)			
<input type="checkbox"/> Perchloroethylene	<input type="checkbox"/> Petroleum (Specify)	<input type="checkbox"/> Other (Specify)	

FOR PETROLEUM DRY CLEANERS			
<p style="text-align: center;">Machine type (Check one)</p> <p style="text-align: center;">Dry – to – dry <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Explain: _____</p>		<p>Total rated capacity of all dry cleaning machines at this facility:</p>	
FOR PERCHLOROETHYLENE DRY CLEANERS			
<p>General category of Perchloroethylene Dry Cleaning Machine</p>		<input type="checkbox"/> Uses less than 140 gallons of Perchloroethylene per year (Installed before December 9, 1991)	
		<input type="checkbox"/> Equipped with refrigerated condenser using pressure gauges and/or temperature sensors (Installed after December 9, 1991 and before December 21, 2005)	
		<input type="checkbox"/> Equipped with refrigerated condenser and non-vented carbon adsorber (Installed after December 21, 2005)	
<p>Amount of perchloroethylene purchased in the past 12 months (in gallons)</p>			
-or-			
<p>Projected amount of perchloroethylene to be purchased in the next 12 months (in gallons)</p>			
<p>Date of installation:</p>			
<p>Manufacturer of Halogenated Hydrocarbon Detector or Perchloroethylene Gas Analyzer:</p>			
REFRIGERATION CONDENSER SPECIFICATIONS			
<p>✓ Method(s) Used for Monitoring Refrigerated Condenser</p>		<p style="text-align: center;">Manufacturing Operating Ranges</p>	
<input type="checkbox"/>	<p>Refrigeration System Pressure Gauges</p>	<p>High (in bar)</p>	<p>Low (in bar)</p>
<input type="checkbox"/>	<p>Temperature Sensor to an accuracy of $\pm 1.1^{\circ}\text{C}$ ($\pm 2^{\circ}\text{F}$)</p>	<p>High (degrees)</p>	<p>Low (degrees)</p>
<p>What refrigerant is being used in the refrigeration system?</p>			
SIGNATURE			
<p>Based upon information and belief formed after a reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in this application and any attached application(s) is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury.</p>			
<p>Signature (application must be signed before it will be processed)</p>			<p>Date</p>
<p>Signer's name (type of print)</p>	<p>Title</p>	<p>Phone number with area code</p>	